Case 16-14859-amc Doc 118 Filed 10/25/18 Entered 10/25/18 12:20:07 Desc Main Document Page 1 of 2

Fill	in this information to id	dentify your ca	ise:										
Del	otor 1 Maria D. Ramos												
	btor 2												
Uni	ited States Bankruptcy	Court for the:	EASTERN DISTRICT	OF PENN	SYLVANIA								
	se number 16-14	859					Check if this is:						
(If known)									An amended filing				
											g postpetition ollowing date		
0	fficial Form 1	061						_	/M / DD/ \		9		
S	chedule I: Y	our Inco	ome					IV	VIIVI / DD/			12/15	
spo atta	use. If you are separa ch a separate sheet t	ated and you	are married and not filir r spouse is not filing wi On the top of any additi	th you, do	not include	infori	matio	n abou	t your sp	ouse. If mo	ore space is	needed,	
1.	Fill in your employing information.	ment		Debtor 1	ı				Debtor 2	2 or non-fi	ling spouse		
	If you have more that	an one job,		■ Employed					☐ Employed				
	attach a separate pa information about ac		Employment status	☐ Not employed					☐ Not employed				
	employers.		Occupation	Human	rdina	itor							
	Include part-time, se self-employed work.		Employer's name	Clemens Food Group				-					
Occupation may include student or homemaker, if it applies.			Employer's address	PO Box	lemens Ro (902 I, PA 1944(
			How long employed to	here?	7 years				_				
Pai	rt 2: Give Detai	ls About Mon	thly Income										
	mate monthly incom use unless you are sep		ate you file this form. If	you have n	othing to rep	ort for	any li	ne, write	e \$0 in the	space. Inc	clude your no	n-filing	
	ou or your non-filing sp e space, attach a sepa		re than one employer, co	ombine the	information f	or all e	emplo	yers for	that perso	on on the li	nes below. If	you need	
								For Del	btor 1		btor 2 or ng spouse		
2.			ry, and commissions (becalculate what the month)			2.	\$	3	,609.50	\$	N/A	-	
3.	Estimate and list monthly overtime pay.					3.	+\$		625.00	+\$	N/A	_	
4.	Calculate gross Inc	come. Add lin	e 2 + line 3			4	\$	4 2	34 50	\$	N/A	1	

Debt	tor 1	Maria D. Ramos	_	(Case i	number (<i>if ki</i>	nown)	16-1	4859		
					For Debtor 1			Debtor :			
	Сор	y line 4 here	4.		\$	4,234	4.50	\$		N/A	-
5.	List	all payroll deductions:									
	5a.	Tax, Medicare, and Social Security deductions	5a	١.	\$	830	0.04	\$		N/A	
	5b.	Mandatory contributions for retirement plans	5b).	\$		0.00	\$		N/A	=
	5c.	Voluntary contributions for retirement plans	5c	: .	\$	296	6.44	\$		N/A	
	5d.	Required repayments of retirement fund loans	5d		\$		0.00	\$_		N/A	-
	5e.	Insurance	5e		\$		5.30	\$_		N/A	-
	5f.	Domestic support obligations	5f.		\$_ \$		0.00	\$_ \$		N/A	-
	5g. 5h.	Union dues Other deductions. Specify: 401(k) Loan	5g 5h	}. 1.+	\$ _		0.00 9.56	+ \$_		N/A N/A	-
	011.	Cafeteria 401(k) Loan	_ '''		\$ —		7.38	` \$ —		N/A	
6.	Add	the payroll deductions. Add lines 5a+5b+5c+5d+5e+5f+5g+5h.	— 6.		* — \$	1,778		\$		N/A	-
7.		culate total monthly take-home pay. Subtract line 6 from line 4.	7.		\$ \$	2,45		\$ \$		N/A	
8.		all other income regularly received: Net income from rental property and from operating a business, profession, or farm Attach a statement for each property and business showing gross receipts, ordinary and necessary business expenses, and the total	,.		Ψ	2,43	<u>5.76</u>	Ψ_		N/A	-
		monthly net income.	8a	ı.	\$	(0.00	\$		N/A	
	8b.	Interest and dividends	8b		\$		0.00	\$_		N/A	
	8c.	Family support payments that you, a non-filing spouse, or a dependent regularly receive Include alimony, spousal support, child support, maintenance, divorce settlement, and property settlement.	8c		\$		5.61	\$		N/A	-
	8d.	Unemployment compensation	8d		<u>\$</u> —		0.00	\$-		N/A	-
	8e.	Social Security	8e		\$		0.00	\$_		N/A	-
	8f.	Other government assistance that you regularly receive Include cash assistance and the value (if known) of any non-cash assistance that you receive, such as food stamps (benefits under the Supplemental Nutrition Assistance Program) or housing subsidies. Specify:	e 8f.		\$	(0.00	\$		N/A	-
	8g.	Pension or retirement income	8g		\$		0.00	\$		N/A	-
	8h.	Other monthly income. Specify:	_ 8h	1.+	\$	(0.00	+ \$_		N/A	
9.	Add	all other income. Add lines 8a+8b+8c+8d+8e+8f+8g+8h.	9.	\$		72	5.61	\$_		N/A	\
10.	Calc	culate monthly income. Add line 7 + line 9.	10.	\$	3	3,181.39	+ \$		N/A	= \$	3,181.39
		the entries in line 10 for Debtor 1 and Debtor 2 or non-filing spouse.		· –		,	' -			' -	0,101100
11.	11. State all other regular contributions to the expenses that you list in Schedule J. Include contributions from an unmarried partner, members of your household, your dependents, your roommates, and other friends or relatives. Do not include any amounts already included in lines 2-10 or amounts that are not available to pay expenses listed in Schedule J. Specify: 11. +\$ 0.00										
12. Add the amount in the last column of line 10 to the amount in line 11. The result is the combined monthly income. Write that amount on the Summary of Schedules and Statistical Summary of Certain Liabilities and Related Data, if it applies 12. Combine											
13	Dov	ou expect an increase or decrease within the year after you file this form	?							monthl	y income
٠٠.	=	No.	•								
		Yes. Explain:									